Progress Report

Department of Social Services
7 North Eighth Street Richmond, Virginia 23219 Grant GFSA-0602

Sub-grantee:					Sub-grant Number:				
Project Title:					Date of Report:				
Sub-grant Period: To:					Final Report?	Yes		No	
Date I	Project	Completed:	1	Report Per	eriod Ending: 9/30 🗆 12/31 🗖 3/31 🗖				
6/30 □									
Program Administrator:					Project Director:				
This progress report is required as part of the program reporting requirements of the Department of Social Services. The report should include:									
l.	Program Activities and Issues								
	Describe in narrative form the progress of your project during this reporting period. If this is a final report, the report should be cumulative as well.								
	 A. Make reference to the project work-plan describing any activities relative to the achievement of objectives. Explain any changes in projected activities and work-plan time frames. B. Integrate within the narrative an analysis of the evaluation data to support the project outcomes. 								
II.	II. Quarterly Status Report								
Enclosed is a blank Status Report form. As part of this report, you should: (1) Transfer your work-plan Activities, Outputs, and Outcomes to the appropriate columns on the blank quarterly status report form; (2) Fill in the column titled "Accomplishments" by briefly describing the progress made toward implementing each of the various activities during this reporting period; and the outcomes achieved. Progress made on project activities should be supported by any relevant documentation and/or data for performance measures.									
Mail an original and one copy of this report, including this Face Sheet, the written narrative, and the Quarterly Status Report to (name) at the Department of Social Services, 7 North Eighth Street, Richmond, Virginia 23219.									
VD00 II									
VDSS Use Only TA Required? Yes □ No □ Date:									
Recommendation:									
Action	n Taken	:							